

ORDER FORM FOR WORKERS COMPENSATION PUBLICATIONS

K-WC 300 (Rev. 6-12)

These publications are also available at:

www.dol.ks.gov/WC/Medfeesched.html

or

www.dol.ks.gov/wc/frmpub2.html

Schedule of Medical Fees – January 1, 2012

Excel files (code tables only) in Zip file @ \$40.00 \$ _____

Laws and Regulations – July 1, 2007

Laws and Regulations Book..... copies @ \$12.00 per copy \$ _____

NOTICE: The Kansas Department of Labor will not
publish a new law book until fall 2012.

TOTAL \$ _____

Purchaser's name: _____

Business name: _____

Mailing address: _____

City: _____ State: _____ ZIP : _____

Phone: () _____ Email: _____

Please send **check** or **money order**
payable to the **Kansas Division of Workers Compensation** to:

Kansas Department of Labor
Division of Workers Compensation
401 SW Topeka Blvd., Suite 2
Topeka, KS 66603-3105

Orders using **Visa/Mastercard** should be called to:

Division of Workers Compensation
(785) 296-4000